

Subject: Studies in the News: (February 27, 2009)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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NEW CONVENTIONS

AGE DISCRIMINATION

Age Discrimination in Mental Health Services. By Jennifer Beecham and others, London School of Economics. (Personal Social Services Research Unit, London, United Kingdom) May 2008. 68 p.

[“The UK government is considering the introduction of legislation to outlaw age discrimination in the provision of public services. The Department of Health commissioned a short piece of research to explore the extent of age discrimination in mental health services. Three broad issues are addressed in this report: inequalities between adult and older people’s mental health services; inequalities between adults and older people with mental health problems in their use of health and social care services; and knowledge about the likely single equalities legislation in current services and the possible costs of implementation. The report does not examine differences in outcomes.”]

Full text at: <http://www.pssru.ac.uk/pdf/dp2536.pdf>

CHILDREN AND ADOLESCENT MENTAL HEALTH

Budgeting for Basic Needs: A Struggle for Working Families. By Kinsey Alden Dinan, National Center for Children in Poverty. (The Center, New York, New York) February 2009. 12 p.

[“Millions of parents find themselves struggling to make ends meet, despite hard work. Even a full-time job is no guarantee of economic security, with the high cost of everyday expenses and a federal minimum wage of just \$6.55 an hour – less than \$14,000 a year with full-time, year-round employment.

The Basic Needs Budgets developed by the National Center for Children in Poverty (NCCP) show the cost of basic day-to-day necessities for families with children. Using examples from these bare-bones budgets, this brief examines the question of how much families need to get by and provides insight into the struggles that working families face. Examples are drawn from 12 localities and are based on families with two children; budgets for other family types and localities are available through NCCP’s Basic Needs Budget Calculator.]

Full text at: http://www.nccp.org/publications/pdf/text_858.pdf

“Estimating the number of children exposed to parental psychiatric disorders through a national health survey.” By Diego G. Bassani, St. Michael’s Hospital, Toronto, and others. IN: Child and Adolescent Psychiatry and Mental Health, vol. 3, no. 6 (February 19, 2009) pp. 1-23

[“Children whose parents have psychiatric disorders experience an increased risk of developing psychiatric disorders, and have higher rates of developmental problems and mortality. Assessing the size of this population is important for planning of preventive strategies which target these children.

National survey data (CCHS 1.2) was used to estimate the number of children exposed to parental psychiatric disorders. Disorders were diagnosed using the World Psychiatric Health Composite International Diagnostic Interview (WMH-CIDI) (12 month prevalence). Data on the number of children below 12 years of age in the home, and the relationship of the respondents with the children, was used to estimate exposure. Parent-child relations were identified, as was single parenthood. Using a design-based analysis, the number of children exposed to parental psychiatric disorders was calculated.

Almost 570,000 children under 12 live in households where the survey respondent met criteria for one or more mood, anxiety or substance use disorders in the previous 12 months, corresponding to 12.1% of Canadian children under the age of 12. Almost 3/4 of these children have parents that report receiving no mental health care in the 12 months

preceding the survey. For 17% of all Canadian children under age 12, the individual experiencing a psychiatric disorder is the only parent in the household.

The high number of children exposed causes major concern and has important implications. Although these children will not necessarily experience adversities, they possess an elevated risk of accidents, mortality, and of developing psychiatric disorders. We expect these estimates will promote further research and stimulate discussion at both health policy and planning tables.”]

Full text at: <http://www.capmh.com/content/pdf/1753-2000-3-6.pdf>

Trends in Child Health 1997-2006: Assessing Black-White Disparities. By Wilhelmina A. Leigh and Anna L. Wheatley, Joint Center for Political and Economic Studies. (The Center, Washington, D.C.) January 2009. 32 p.

[“To provide fuller detail on disparities in child health, the Joint Center for Political and Economic Studies undertook an examination of how child health indicators vary by sociodemographic characteristics. Comparisons are made for the following health indicators: low birthweight, health status (excellent, very good, good, fair, poor or unknown), unmet dental care needs, ADHD/ADD diagnosis, lifetime asthma diagnosis, learning disability diagnosis, and activity limitation. The findings for black children and white children are provided in this brief.”]

Full text at: <http://www.jointcenter.org/>

Please go to the menu on the right hand side of this website and access the report: Trends in Child Health 1997-2006.

CO-OCCURRING DISORDERS

“The Impact of Coercion on Services from the Perspective of Mental Health Care Consumers with Co-occurring Disorders.” By Victoria Stanhope, New York University, and others. IN: Psychiatric Services, vol. 60, no.2 (February 2009) pp. 183-199.

[“Disengagement from services by people with serious mental illnesses continues to be a major challenge for the mental health system. Assertive community treatment combined with Housing First services is an intervention targeted toward consumers whom the system has failed to engage. The processes involved in engaging and maintaining consumers in mental health services play an important role but remain an understudied aspect of the intervention. This study examined the social interaction between consumers and case managers from the perspective of consumers....

Findings demonstrate that for consumers, a positive response to service contacts indicated that they did not feel coerced. With consumers whose connection to services is tenuous, an immediate positive response to service contacts may be vital to maintain engagement.

Research is needed to identify supportive case manager strategies that facilitate relationship building.”]

Full text at: <http://psychservices.psychiatryonline.org/cgi/reprint/60/2/183>

DIVERSITY

“A Call for Training the Trainers: Focus on Mentoring to Enhance Diversity in Mental Health Research.” By Dilip V. Jeste, University of California, San Diego, and others. IN: American Journal of Public Health, vol. 99, Supplement 1, no. S1 (February 26, 2009) pp. S31-S37.

[“There is a widening disparity between the proportion of ethnic minority Americans in the population and the number of researchers from these minority groups. One major obstacle in this arena relates to a dearth of mentors for such trainees. The present academic settings are not optimal for development and sustenance of research mentors, especially for mentees from underrepresented minority ethnic groups.

Mentoring skills can and should be evaluated and enhanced. Universities, medical schools, and funding agencies need to join hands and implement national- and local-level programs to help develop and reward mentors of junior scientists from ethnic minority groups.” **Note: An electronic copy can be obtained upon request to the CA State Library if you cannot access this website.]**

Full text at: <http://www.ajph.org/cgi/content/abstract/AJPH.2008.154633v1>

“Training for Research in Mental Health and HIV/AIDS among Racial and Ethnic Minority Populations: Meeting the Needs of New Investigators.” By Margarita Alegria, Harvard Medical School. IN: American Journal of Public Health, vol. 99, Supplement 1, no. S1 (February 26, 2009) pp. S26-S30.

[“My experiences as a mentor of young investigators, along with conversations with a diverse pool of mentees, led me to question the ability of conventional research methods, problem formulation, and instruments to address the unique challenges of studying racial and ethnic minorities.

Training of new investigators should prepare them to explore alternative research paradigms and atypical research strategies, such as community-based participatory research and Photovoice technique. Unconventional approaches to research may challenge common explanations for unmet needs, noncompliance with treatments, and poor service outcomes. Mentors may need to develop broader theoretical insights that will facilitate unconventional problem formulation.

The teaching of scientific research and mentoring of young investigators who study minority populations should evolve along with the changing research environment.”

Note: An electronic copy can be obtained upon request to the CA State Library if you are unable to access this website.]

Full text at: <http://www.ajph.org/cgi/content/abstract/AJPH.2008.135996v1>

JUVENILE JUSTICE

Racial and Ethnic Disparity and Disproportionality in Child Welfare and Juvenile Justice: A Compendium. By the Center for Juvenile Justice Reform. (The Center, Washington, D. C.) January 2009. 80 p.

[“...In March 2008, the Center for Juvenile Justice Reform at the Georgetown Public Policy Institute and Chapin Hall Center for Children at the University of Chicago brought together policy makers, practitioners, researchers, and advocates for a symposium titled “The Overrepresentation of Children of Color in American’s Juvenile Justice and Child Welfare Systems.” The symposium was designed to illuminate the work of juvenile justice and child welfare systems in this area-and the degree to which the systems’ efforts are or are not integrated-and to focus on the ways in which the federal, state, and local government might support both systems in achieving better outcomes for children and youth and promote policies to better integrate their efforts.”]

Full text at: http://cjjr.georgetown.edu/pdfs/cjjr_ch_final.pdf

PARENTING WITH A MENTAL ILLNESS

Parenting with a Mental Illness: Programs and Resources. By University of Pennsylvania Collaborative on Community Integration. (The University, Philadelphia, Pennsylvania) February 2008. 17 p.

[“The Americans with Disabilities Act, the Supreme Court Olmstead Decision and the President’s New Freedom Initiative have established community integration as a right for people with psychiatric disabilities. We define community integration as the opportunity to live in the community, and be valued for one’s uniqueness and abilities, like everyone else¹ .

Community integration is a right of all people and encompasses the following life domains: housing, employment, education, leisure/recreation, social roles (parenting, intimate relationships, friendships), peer support, health and well-being, citizenship, self-determination, and religion/spirituality. Community integration (or, the opportunity to live like everyone else) should result in community presence and participation of people with psychiatric disabilities similar to that of others without a disability label. Most

people have a variety of social roles in their life, whether they are a parent, a romantic partner or a friend.

Valued social roles, such as being a parent, give meaning and purpose to one's life. Parenting can enhance one's quality of life, be a source of happiness, and can increase one's opportunities for community involvement; all of these can lead to a greater state of well-being. Parenting is a major issue in the lives of families touched by mental illnesses. By reducing barriers and providing supports people with mental illnesses can have the same opportunities to be parents like everyone else.”]

Full text at:

<http://www.upennrrtc.org/var/tool/file/128-Parenting%20Guidebook%20Feb.%202008.pdf>

POLICIES AND PROCEDURES

Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness. By Jeffrey Levy, George Washington University School of Public Health and Health Services, and others. (Trust for America's Health, Washington, D.C.) October 2008. 132 p.

[“America is facing a health crisis. Even though America spends more than \$2 trillion annually on health care—more than any other nation in the world—tens of millions of Americans suffer every day from preventable diseases like type 2 diabetes, heart disease, and some forms of cancer that rob them of their health and quality of life.... The current public health system is broken. It is chronically underfunded and outdated. Modernizing public health is urgently needed to protect and improve the health of Americans....*The Blueprint for a Healthier America* is a federal policy guide for the next President, Administration, and Congress with expert recommendations to revitalize the nation's ability to protect the health of all Americans.”]

Full text at: <http://healthyamericans.org/assets/files/Blueprint.pdf>

STIGMA

“A Comparison of Contextual and Biomedical Models of Stigma Reduction for Depression with a Nonclinical Undergraduate Sample.” By Laura C. Rusch and others, University of Wisconsin-Milwaukee. IN: *The Journal of Nervous and Mental Disease*, vol. 197, no. 2 (February 2009) pp. 104-110.

[“Stigma reduction programs are dominated by a biomedical model that presents depression as a medical illness. Alternately, a contextual model emphasizes that one should not be blamed for environmental influences. This study compared biomedical,

contextual, and control stigma reduction programs to each other and to a no-program control. The main hypotheses were that the contextual program would have the greatest impact and that a match would moderate this effect. Seventy-four participants were randomized to the 3 programs and 12 participants served as a no-program control. The contextual and control programs reduced stigma significantly compared with the no-program control, whereas the biomedical program did not. Beliefs about depression moderated this effect only for the biomedical condition. Contextual and control programs seem to be effective but a biomedical model may be risky for those who disagree with the model. Theoretical implications are discussed.” **NOTE: This journal can be borrowed from the CA State Library or a hard copy of this article can be obtained.]**

"Are Personal Values of Importance in the Stigmatization of People With *Mental Illness*?" By Norman M. G. Ross, University of Western Ontario, London, Ontario, and others. IN: *Canadian Journal of Psychiatry*, vol. 53, no. 12 (December 2008) pp. 848-856

["Objectives: To investigate the relation of responses to the Schwartz Value Scale to preferred social distance to a person with either schizophrenia or depression. The influence of personal value priorities on discrimination has been investigated in several contexts, but seldom with reference to social distance towards those with *mental illness*. Method: University students (n = 200) completed the Schwartz Value Scale, as well as a measure of beliefs about *mental illness* and preferred social distance with reference to a vignette describing a person with either schizophrenia or depression. Results: Consistent with past findings, respondents indicated a preference for greater social distance for schizophrenia than depression, and beliefs about likelihood of socially inappropriate behaviour and danger were correlated with social distance. Self-transcendence value orientation was a significant independent predictor of preference for less social distance. These findings were not influenced by a social desirability bias. Conclusions: Value orientation makes a significant contribution to the prediction of social distance towards those with *mental illness*. Evaluation of value-based interventions to reduce such discrimination appears warranted."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=36065732&site=ehost-live>

SUICIDE PREVENTION

"Building Models for the Relationship Between Attitudes Toward *Suicide* and Suicidal Behavior: Based on Data from General Population Surveys in Sweden, Norway, and Russia." By Ellinor Salander Renberg, Umea University, Umea Sweden, and others. IN: *Suicide and Life Threatening Behavior*, vol. 38, no. 6 (December 2008) pp. 661-675.

["Our aim was to build a model delineating the relationship between attitudes toward *suicide* and suicidal behavior and to assess equivalence by applying the model on data from different countries. Representative samples from the general population were approached in Sweden, Norway, and Russia with the Attitudes toward *Suicide* (ATTS) questionnaire. Data on experience of suicidal behavior among significant others and self-reported suicidal expressions were also collected. Structural equation modeling resulted in gender and country specific models where experience of suicidal behavior among significant others and self-reported suicidal expressions earlier in life predicted attitudes, and attitudes predicted current suicidal expressions. The models included the attitude factors acceptance of *suicide*, condemnation, and preventability; age and level of education were also incorporated. The different models reveal possible ways to better understand gender and culture-specific paths between attitudes and suicidal behaviors, and their relevance in a *suicide prevention* context is considered."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=36235137&site=ehost-live>

“The Role of Help and Hope in *Prevention* and Early Intervention with Suicidal Adolescents: Implications for Mental Health Counselors.” By Todd Eric Roswarski and J. Patrick Dunn, Ivy Tech Community College. IN: *Journal of Mental Health Counseling*, vol. 31, no. 1 (January 2009) pp. 34-46.

["The role of help and hope as protective factors in *prevention* and early intervention with suicidal adolescents is examined. Hope is a forward-looking attitude serving as a buffer against *suicide*. Help reflects the belief and reality that there is a place to turn for support or assistance; it serves as a dynamic force against *suicide*. Help and hope can be powerful and mutually reinforcing components of any attempt to reach adolescents contemplating *suicide*. Implications for mental health counselors are presented, with an emphasis on the interrelatedness of help and hope."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=36280963&site=ehost-live>

"Social Work Research on African Americans and Suicidal Behavior: A Systematic 25-Year Review." By Sean Joe, University of Michigan, and Danielle Niedermeier, Mental Health Center of Boulder County. IN: *Health and Social Work*, vol. 33, no. 4 (May 2008) pp. 249-257.

["Suicide among African Americans is a neglected topic. Social workers practice in both clinical and nonclinical settings, and as the largest occupational group of *mental health* professionals, they have a unique opportunity to reach this underserved group. However, little is known about social work's empirical knowledge base for recognition and

treatment of suicidal behavior among African Americans. The authors performed a systematic critical review of published articles by social workers on African American suicide and suicidal behavior, to ascertain the state of social workers contribution to and knowledge of suicide risk factors and effective treatments. They conducted Web-based (for example, Social Work Abstracts, PsycINFO, PubMed, JSTOR) and manual searches of suicide research conducted by social work investigators and published in peer-reviewed journals from 1980 to 2005. References cited in the articles were used to identify candidate articles. According to the search results, social workers contributed only 11 empirical research articles focusing on African American suicide or nonfatal suicidal behavior. Risk factors for suicide are reviewed, and the implications for clinical social work practice and research are addressed."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=35655520&site=ehost-live>

NEW CONVENTIONS

Advanced Analytics for Child Welfare Administration

April 27 - May 1

Half Moon Bay Lodge
2400 S. Cabrillo Highway
Half Moon Bay, California

Application Deadline Extended to March 4!

Chapin Hall is pleased to offer Advanced Analytics for Child Welfare Administration in California, in partnership with Casey Family Programs and the Center for State Foster Care and Adoption Data. The purpose of this five-day course is to enable participants to become critical consumers of child welfare administrative data as a means toward making continuous quality improvements in their organizations. **This course is open only to child welfare managers working in California agencies or organizations.**

The course is limited to 20 participants, who will receive full support for tuition, room, and most meals. However, in recognition of the current fiscal environment, some travel scholarships will be available and will be considered upon acceptance to the course. Candidates must complete an application form, submit a resume or CV, and include a recommendation from a supervisor at their current organization.

[Download the application materials](#)